

**Governor's Commission
To Review and Advise on the Implementation of
New Hampshire's Medicaid Care Management Program**

**FINAL MINUTES
April 3, 2014
1:00 – 4:00pm
Legislative Office Building, Concord, NH**

Welcome and Introductions:

The meeting was called to order by Commissioner Mary Vallier-Kaplan, at 1:00pm. Present in addition to Commissioner Vallier-Kaplan were Commissioners, Donald Shumway, Vice Chair, Nicholas Toumpas, Gustavo Moral, Jo Porter, Ken Norton, Tom Bunnell, Wendy Gladstone, Doug McNutt, Yvonne Goldsberry, Sue Fox and Special Guest Governor Hassan.

A special thank you was presented to Deb DeCicco for the wonderful work she has done for the Commission. Commissioner Vallier-Kaplan welcomed everyone and a special welcome to Governor Hassan.

Governor Hassan: Health Care Expansion, Innovation & The NH Health Protection Program

Governor Hassan: "Thank you to Mary Vallier-Kaplan, Don Shumway, all Commission members. Families, advocates, providers, stakeholders here today and who have participated in the process. I especially want to thank the Commission for your recommendation to move forward with health care expansion."

Governor Hassan stated that she was proud to sign the bipartisan expansion bill into law last week, bringing coverage to 50,000 working people. She stated that this is the most significant piece of health care legislation that NH has seen in decades, and is a historic step forward for the health of our people and the future of our economy. It will improve the health and financial well-being of thousands – hard-working men and women who deserve the security of health insurance- and it reinforces the basic principle that in NH everyone counts.

Statement from Governor Hassan:

"The work of the Commission was a huge part of the policy efforts that helped make expansion possible. Thanks as well to the many other people in this room worked hard to help us reach a bipartisan solution to expansion. Extraordinary opportunity for our citizens, but will require ongoing attention and collaboration to implement well. There is significant work, involving multiple agencies, layers of approvals on tight timelines, and will require an 'all hands on deck' approach.

But we will continue to work together to achieve a successful implementation. I understand that you will be reviewing the expansion details in your meeting today. It is

important that we gather input from all stakeholders with expansion, just as we have worked to do through the Commission's work on Step 1 of Managed Care. Thanks to the work of the Commission and DHHS – the enrollment of people in Step 1 was incredibly successful, but implementation has not been without challenges, especially for those with complex medical needs. In response to problems raised to the Commission and to the Department: MCO's have resolved individual care issues; DHHS has created an ombudsman position to help those who have had problems with their coverage; DHHS appointed a provider relations point person to work with the providers. The Department is also working around the clock to resolve issues such as prior authorization difficulties.

Lessons learned in Step 1 have been critical as we look forward to expansion – which was originally considered to be Step 3 of the managed care process – and a plan for what we all have been referring to as Step 2. We will continue to identify and correct issues for recipients and providers. The Commission will further define patient-centered medical homes, an essential component of care management and the foundation for long term care. The Commission's work on this has been and will be important.

This provides real opportunity for innovation by our MCOs and providers working together with patients, and what we will learn from the integration of mental health services in Step 1 will help us design the next phase of reform for other long-term care services. What has always been most important throughout this process is getting implementation right.

I told you last year that we would not be launching Step 2 until it is ready and it would not be ready until there was a process for public input that all families, providers and stakeholders had confidence in. Given the importance of getting Step 1 working right and ensuring the effectiveness of the mental health components, and given the varied groups impacted by Step 2 – the elderly, those with developmental disabilities, and children with special needs – it is clear that Step 2 will not be ready to go live at the end of this year.

We are delaying Step 2 as we define the model of care management that best suits our New Hampshire population. This will allow us to design a robust public input process for Step 2. Families will be part of the initial design from the ground up, not just responding to a top-down plan. In addition, recognizing the complexities of long-term care, we are planning managed care for different groups within Step 2, and will develop separate plans for each population.

I have asked DHHS to develop a process to include robust public input that will be used to create the implementation plan, and to present that public input process to both the Commission and to me. This delay and intensive approach will allow us to evaluate the status of Step 1, to improve the implementation of medical homes within managed care, and to learn important lessons from the integration of mental health services and managed care. Most importantly, it will ensure that we work with families to get it right.

I have remained committed to developing a managed care system that provides families with the flexibility they need to support their loved ones, that is responsive, person-

centered and cost effective, and that builds on the strengths of the current system. We will build on those strengths and will take the time to get it right.”

Commissioner Toumpas elaborated on the extension of the Step 2 timeline and the four components involved: bringing the populations in as mandatory that can now opt out, a newly substance use disorder services benefit, the benefit for mental illness and autism services, and waived long term care services. Commissioner Toumpas introduced Lorene Reagan to speak about what has been done so far.

Lorene Reagan talked about the plan for step 2, now there is time to really build on stakeholders and the waiver - research long-term service, a quality strategy payment contract, develop robust stakeholder information that we rely on for input.

Commissioner Shumway congratulated Governor Hassan, Commissioner Tom Bunnell, and Commissioner Toumpas for their extraordinary work and the ability to come this far.

Questions from the Commissioners:

Commissioner Goldsberry encouraged the extended vision concerning patient-centered medical homes, which are a foundation for Step 1 and of health homes for Step 2.

Governor Hassan stated that we will work to improve the implementation of medical homes within managed care.

Commissioner Shumway indicated to Commissioner Toumpas, on behalf of then-absent (and flight-delayed) Commissioner Norton, that the addition of the substance abuse benefit is extremely important, and asked if he has any sense of timing.

Commissioner Toumpas answered that it is a process that needs to be done by defining what that benefit would look like as well as its cost and who the providers will be to deliver on those services. While looking at these issues, DHHS will reach out to stakeholder groups and then, in terms of phasing it in, we are committed to this process.

Questions from the Public:

Question from the public: How does the delay in Step 2 affect the Katie Beckett program? Do Katie Beckett program enrollees start in December to join a MCO or can we still opt out?

Commissioner Toumpas replied that the status does not change. Clients that can opt out still will be able to do so.

Question from the public: Any idea how long the Step 2 delay will be?

Commissioner Toumpas replied that no process will dictate how we do this, and that we will go live only when we are ready.

ABLE NH thanked the Governor for everything she has done to make sure that NH has equal rights. ABLE NH is a person center that advocates for people with disabilities. . See attached letter of testimony.

Commissioner Shumway recognized the work that DHHS is doing. The Commissioner has welcomed the information that the Commission has received from Katie Dunn and Lisabritt Solsky, and appreciates the focus on how everyone counts. The continued work that shows disabilities rights set a clear set of protocols to maintain rights, from our MCO's. Ongoing examination of pharmaceutical portion will be looked at. Commissioner Porter will be reporting more on that in June.

Commissioner Toumpas stated that issues, concerns or problems reported to the Department, as well as the MCO's, will continue to be followed up on. If DHHS sees a pattern then they will go back to MCO's. The management team has continued to regularly check in with the MCO's. Now we need to step back and take a look at how we may streamline on a few systems issues so as to reduce burden on providers as well as MCO's. DHHS has also hired an Ombudsman for care management. This new hire will be in Commissioner's office directly working on raised issues and concerns.

Commissioner Fox stated that she is pleased that Lorene Reagan is assuming a Step 2 leadership position at the Department. Commissioner McNutt expressed that Lorene's list of groups to be engaged in Step 2 process and planning would benefit from additional representation of the senior citizen community. Commissioners Fox and McNutt offered to help engage groups representing elders to help address this concern.

DHHS Presentation of NH Health Protection Program

Commissioner Bunnell provided introductory remarks concerning the NH Health Protection Program, informally known as Medicaid expansion. He extended sincere thanks to DHHS, Commissioner Toumpas, and the Department leadership team for its role in the successful legislative process and bipartisan compromise that resulted in this historic coverage expansion opportunity for NH. He said that the Department also deserves our special recognition and praise for its willing, constructive and committed embrace of the impressive and humbling coverage expansion implementation workload that is now on its plate as a result. Commissioner Bunnell introduced Jeff Meyers, the Director of Intergovernmental Affairs for DHHS.

Jeff Meyers presented to the Commission concerning the Health Protection Program / Senate Bill 413. The following are elements of the overall program.

First, New Hampshire will be extending its Health Insurance Premium Payment (HIPP) program to those income eligible persons who have access to insurance through their employer. Federal Medicaid funds will be used to pay the eligible employee's premium share, deductible, and co-pays if doing so is cost effective. Cost effective means that those total costs are less than the cost of the person being enrolled in Medicaid care management.

The Department needs to design a process to determine if an applicant has access to employer-sponsored health insurance, the amounts of employee cost-sharing, and the cost effectiveness of the HIPP option. DHHS will be hiring a third party administrator to oversee this HIPP cost effectiveness determination process, and is currently speaking with several companies. DHHS

will be bringing a contract to Governor and Council for approval when a decision is made on who that administrator will be.

There also will be a required Medicaid State Plan Amendment, and administrative Rules that need to be put into effect, for HIPP.

Second, applicants who are income eligible and don't have access to employer-sponsored insurance (ESI) or whose ESI is not cost effective will be able to enroll in the Bridge to Marketplace Program. This Bridge Program is coverage through our three current MCO companies. Capitated rates for this newly-eligible population will be included in a new MCO contract amendment that will go to Governor Council for approval in advance of 7/1/14.

Implementing the Bridge Program also will require a Medicaid State Plan Amendment and the approval of some new administrative Rules.

Enrollment in the HIPP Program and the Bridge Program is targeted to start on 5/1/14, with coverage scheduled to begin on 7/1/14, or 'as soon thereafter as is practicable'.

Third, effective January 1, 2016, all enrollees in the Bridge Program will be required to transition to, and future non-HIPP eligible's will be required to enroll in, the Premium Assistance Program, providing coverage to enrollees on New Hampshire's federally-facilitated Marketplace. The establishment of the Premium Assistance Program requires New Hampshire to obtain a Medicaid waiver from the federal government. CMS already has approved similar waivers for Arkansas and Iowa. Our new law provides that the Premium Assistance Program waiver application needs to be submitted to CMS by 12/1/14 and approved by 3/31/15.

Fourth, the requirement for an additional Section 1115 Medicaid 'transformation waiver' is included in the new law. The Department is working on this waiver concept, which would allow New Hampshire to leverage some additional federal funds for Medicaid innovation purposes. The Department anticipates rolling out the proposed waiver concept shortly, and the proposed waiver will require a public process that will be open to and welcome public input from providers, stakeholder and members of the public.

Jeff Meyers said that he'd be happy to answer questions.

Commissioner Goldsberry asked about the apparent complexity of the application and intake process for HIPP. Do you anticipate that the third party administrator would do all that work? Mr. Meyers replied 'Yes', with oversight from the Department. Commissioner Toumpas replied that the front door of the financial eligibility will be done by Department, but if there is any indication of potential HIPP eligibility the TPA would pick it up from there. He said the Department also is working on increased staffing, so that there can be a helpful and appropriate number of front line eligibly workers.

Commissioner Bunnell asked for the Department to share what they are thinking about a statewide communication plan concerning the Health Protection Program, and any outside assistance that may help with outreach and education.

Mr. Meyers replied that it is important to provide clear and consistent information to reach those who may be eligible and to maximize understanding of what this is all about. He indicated that the Department is releasing an RFP for statewide communications concerning the Health Protection Program today.

Commissioner Bunnell followed up by asking if DHHS is interested in utilizing the SNAP-facilitated enrollment process for coverage expansion that the federal government has made available to interested states and that has appeared to streamline enrollment in the states that have employed it.

Mr. Meyers replied 'yes', that DHHS is looking at and interested in employing SNAP-facilitated enrollment option for the expansion population.

Commissioner Goldsberry asked about the substance abuse benefit for the expansion population. Mr. Meyers replied that the substance abuse benefit must be available to the newly eligible when we commence expansion coverage in order to meet federal requirements. The Department is working now to define what the benefit will be. We know what CMS has required in other states, and assume they will require NH to do the same.

Commissioner Bunnell observed that, with a coverage expansion target date of 7/1/14, a decision on the substance use disorder services benefit has to be made soon. Is there clarity about the timeline for that decision?

Commissioner Toumpas replied the Department is to go through a process of reaching out to key stakeholder groups about the benefit. There are different things we are looking at, and this is critically important to the population. There is a clear understanding that this decision needs to be made soon in order to stand up the benefit on 7/1/14.

Commissioner Porter asked whether the Department was planning to monitor outcomes for HIPP enrollees, where Medicaid is just paying a portion of a person's private insurance costs.

Mr. Meyers replied that outcomes are very high on the Department's list, but he's personally unsure of how to measure that in the case of HIPP. With private health insurers engaged in measuring outcomes, there may be a creative way to gain access to HIPP-related outcomes data.

Commissioner Shumway observed that enrollment in the Bridge Program could be as high as 35,000 people, and that support of a smooth enrollment is important.

Mr. Meyers responded that the Lewin Group estimated that, in the first year, 20,000 to 25,000 participants would take part. We will be hiring enrollment staff that will be able to handle the amount of people that will show up on day one, adding workers if needed.

Commissioner Bunnell asked if there is anything that interested stakeholder groups who support the coverage expansion, and there are many, can do to help the Department on an implementation front?

Commissioner Toumpas replied yes there is. We will need robust engagement from all quarters to reach and enroll New Hampshire residents who are newly-eligible for this coverage program.

DHHS Updates

Commissioner Toumpas introduced Lisabritt Solsky to give an update on Managed Care implementation of Step 1.

Lisabritt Solsky explained that the monthly enrollment starting in December 2013 was 116,000 members. Dual eligibles are steadily declining since December as nursing home residents were allowed to opt out of care management. We have been looking at it county by county to see what membership reflects.

Commissioner Porter asked about the duals movement out of managed care?

Ms. Solsky replied that if you had full chart in front you would see large decline. Over the course of last week. Care management staff conducted the 90 day operational reviews on MCO's. There is more good news stories than bad. We have learned more from each one of the MCO's, like the changes in administration, adult medical day transportation, providers who were outside their contracts. Care management is here to stay and DHHS is proud of what we have done.

Commissioner Shumway thanked Ms. Solsky for her support and knowledge.

Commissioner Goldsberry asked what the top 3 lessons learned were to date from the MCO perspective.

Ms. Solsky replied pharmacy, transportation, prior authorization.

Data Report and Data Matrix Inventory

Commissioner Porter report that a good deal of reporting was done cross-walking with DHHS'S matrix inventory of reporting requirements associated with managed care and with reporting recommendations from the commission. A section of that grid is department specific to this commission. She anticipates all major dimensions will be hit by the reporting. Robust reporting should begin at the latest in July.

The Endowment for Health recently hosted a meeting with the Advisory Council to the Urban Institute re: implementation of their evaluation of the implementation of Medicaid care management in NH. Their first official report will be released in Nov of 2014. They will be providing real time feedback however to DHHS in the interim on any identified areas of concern.

Commission Recommendation # 3: Medical Homes

Commissioners Goldsberry and Gladstone spoke of the recommendation before the Commission which reflects changes in regards to the recommendation presented at the March meeting and whether it went far enough to define medical home. A web site reference as to the precise definition of a medial home was added. Capacity issues were also addressed.

Commissioner Fox moved for this to be passed,] and it was seconded and approved by Commission. Note that Commissioner Moral also expressed support of this recommendation prior to his departure from the meeting. (See attached copy of Recommendation #3)

Commission Recommendation #4: Substance Use Treatment Benefit under Medicaid

Commissioner Norton presented the first draft. It frames SUD services as part of the patient medical home and its relationship to overall health. There is concern about the need for consistency of the recommended offered benefits. Expansion benefits should extend to the entire population as soon as possible. There is a need for increased capacity of providers. It recommends an incentive reimbursement. It also provides for temporary revisions for drug and alcohol professions who may not be licensed until master's degree levels can be built. Given the short timeframe for implementing the benefit, the Commissioners agreed to review and provide Commissioner Norton feedback over the next few days.

Listening Session

Question from the public: Senate Bill 254 alcohol abuse was discussed exceedingly on Tuesday and it is likely to pass. People who have disabilities and substance abuse are not protected under the ADA.

Commissioner Norton replied he will be looking into this.

Minutes of the March 6, 2014 Meeting

Commissioner Fox mentioned typos and misspelling of names to be fixed

Upon a motion duly made and seconded, it was unanimously

VOTED to approve the minutes of the March 6, 2014 meeting of the Commission.

Next Meeting will be May 1st in Plymouth, NH at the Plymouth Regional Senior Center. The seniors have been invited to stay for the meeting in order to participate in the meeting agenda.

Commissioner Shumway closed the meeting at 3:43pm.